



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) WEN-0029	
Application Number 10/755,490		Filed January 13, 2004	
For CORNEAL SURGERY APPARATUS			
Art Unit 3739 Conf. # 1091		Examiner Henry M. Johnson, III	
This is a request under the provisions of 37 CFR 1.136(a) for an additional extended month in connection with the above-identified application. A Petition to Extend to Within the First Month was filed on April 24, 2006. The fee is the difference between the first extended month and the second extended month.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120.00	\$60.00 \$
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450.00	\$225.00 \$ 330.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020.00	\$510.00 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$795.00 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$1,080.00 \$
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-0013</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>24,104</u>			
_____ Signature		_____ Date	
_____ Ronald P. Kananen		_____ (202) 955-3750	
_____ Typed or printed name		_____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.		

DC175343

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